

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>4</b>
3 COMMITTEE NAME <b>THE SHUDE FATH PAC</b>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1005 BLUEBONNET LANE AUSTIN TX 78704</b>		Date Received <b>2015 JAN 29 PM 12 29</b>
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI <b>MS. SHUDE B.</b> NICKNAME LAST SUFFIX <b>FATH</b>		Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1005 BLUEBONNET LANE AUSTIN TX 78704</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1005 BLUEBONNET LANE AUSTIN TX 78704</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) - 442-2718</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>11- / 17- / 14</b> THROUGH <b>11- / 20- / 14</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <b>12- / 16- / 14</b>		

GOTO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS****FORM SPAC  
COVER SHEET PG 2****12 COMMITTEE NAME**

THE SHUDE FATH PAC

ACCOUNT # (Ethics Commission Filers)

**13 COMMITTEE  
PURPOSE**(Attach lists on plain  
paper to complete this  
report if necessary.)☒ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

MIKE MARTINEZ

☒ SUPPORT  
(Candidate or Measure)☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

MAYOR OF AUSTIN

☐ OPPOSE  
(Candidate or Measure)☐ MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

12/16/14

☐ ASSIST  
(Officeholder)

DESCRIPTION

AUSTIN MAYOR RUNOFF

**14 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ .00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,450.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ .00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,450.00

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$ .00

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ .00

**15 AFFIDAVIT**I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.

Shude B. Fath

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shude B FATH, this the  
15 day of Jan, 20 15, to certify which, witness my hand and seal of office.

C Moravec

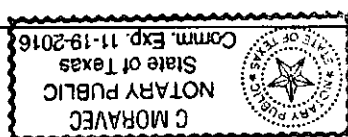
Signature of officer administering oath

C Moravec

Printed name of officer administering oath

Notary

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>THE SHUDE FATH PAC</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11-20-14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SHUDE B. FATH</u>	7 Amount of contribution (\$) <u>725.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1005 BLUEBONNET LANE, AUSTIN TX 78704</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		10 Employer (See Instructions)	
Date <u>11-20-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BETSY FATH HILLER</u>	Amount of contribution (\$) <u>725.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1005 BLUEBONNET LANE AUSTIN TX 78704</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME <b>THE SHUDDE FATH PAC</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11-11-14</b>	5 Payee name <b>THE AUSTIN CHRONICLE</b>
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6 Amount (\$) <b>\$ 1,450</b>	7 Payee address; City; State; Zip Code <b>PO BOX 49066, AUSTIN TX 78765</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>POLITICAL ADS PUBLISHED 11-28-14 AND 12-05-14</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**